

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-876)

SERIAL NO.

09/40/983

FILING DATE

9-23-99

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9	1					
10		1				
11		1				
12		1				
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17	1					
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42						
43						
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48						
49						
50						
TOTAL IND.	3					
TOTAL DEP.	14					
TOTAL CLAIMS	17					

	IND.		DEP.		IND.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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55	1					
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

BEST AVAILABLE COPY